

KENTUCKY-INDIANA
PARALYZED VETERANS OF AMERICA
ASSOCIATE APPLICATION

NAME: _____

ADDRESS: _____

CITY & STATE: _____ ZIP: _____

CHECK ONE PHONE #: _____

VETERAN DATE OF BIRTH: _____

NON-VETERAN EMAIL ADDRESS: _____

DISABILITY IF ANY: _____

Subscription fee \$15.00 _____

SIGNATURE: _____

Mail to: Kentucky – Indiana Chapter
Paralyzed Veterans of America
1030 Goss Avenue
Louisville, KY 40217